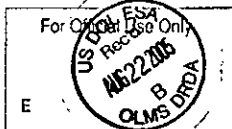


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12721</u>	2. Fiscal Year Covered From: <u>01/01/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>DIANE S. JONES</u> P.O. Box, Bldg., Room No., if any Street <u>5757 Wilshire Blvd</u> City <u>Los Angeles</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90036-3600</u>	4. Name, file number, and address of labor organization. Name <u>Screen Actors Guild</u> Labor Organization File Number <u>000-113</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Blvd</u> City <u>Los Angeles</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90036-3600</u>
5. Position in labor organization. <u>NATIONAL BOARD MEMBER - DETROIT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Diane S. Jones</u>	On <u>08-15-05</u> Date <u>248 763-9030</u> Telephone Number

Name of Person Filing <u>Drane</u>		File Number U-	
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>			
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>IACF</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>11.a. Nature of such dealing.</p> <p><u>Industry Advancement Cooperative Fund (IACF) Trustees meet & give grants to industry applicants whose projects enhance & better the lives of performers.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>UNKNOWN VARIES</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursed Expenses for attending the IACF meetings in LA (approx. 4 times a yr.) Hotel, Airfare, Meals, Parking, etc.</u></p> <p>12.b. Amount. <u>\$3,733.98</u></p>	
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>			
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>14.a. Nature of payment.</p> <p><u>N/A</u></p>	
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		<p>14.b. Amount of payment.</p>	

Trustee Name: Diane Jones

Paid Date	Type	Description	Source	Amount
01/23/2004	SAG IACF Mtng - January 2004	Airfare - [REDACTED]	Payment to vendor	413.20
02/12/2004	SAG IACF Mtng - January 2004	Transportation - BLS	Payment to vendor	94.35
02/24/2004	SAG IACF Mtng - January 2004	Hotel - Corporate AMEX Card	Payment to vendor	1,055.19
06/10/2004	SAG IACF Mtng - May 2004	Airfare - [REDACTED]	Payment to vendor	568.20
07/29/2004	SAG IACF Mtng - August 2003	Transportation	Expense Report	201.18
07/29/2004	SAG IACF Mtng - July 2003	Transportation	Expense Report	181.07
07/29/2004	SAG IACF Mtng - January 2004	Transportation	Expense Report	181.21
08/05/2004	SAG IACF Mtng - July 2004	Airfare - [REDACTED]	Payment to vendor	139.00
08/19/2004	SAG IACF Mtng - July 2003	Transportation - BLS	Payment to vendor	91.35
08/20/2004	SAG IACF Mtng - July 2004	Hotel - Corporate AMEX Card	Payment to vendor	268.13
11/05/2004	SAG IACF Mtng - May 2004	Airfare - [REDACTED]	Payment to vendor	541.02
				<u>3,733.90</u>

* Additional fee due to change flight schedule